

**HCPCS Codes for Community Alternative to Psychiatric Residential Treatment Facility  
(CA-PRTF) Demonstration Grant**

<b>CA-PRTF Service</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>Unit/Rate</b>
Habilitation	H2014	U7	Skills training & development, per 15 minutes	\$21.40/unit. 1 unit= 15 minutes
Respite Routine Hourly	T1005	U7	Respite care services, up to 15 minutes	\$4.00 per unit 1 unit = 15 min Can bill < 7 hrs per day
Respite Routine Daily	S5151	U7	Unskilled respite care, not hospice; per diem	\$100.00 per unit 1 unit = day (To be billed when greater than 7 hrs) Not to exceed > 29 consecutive days within any 6 months
Respite Crisis Daily	S5151	U7 U2	Unskilled respite care, not hospice; per diem	\$120.00 per unit 1 unit = day Can bill when provided 8 -24 hrs/day
Wraparound Facilitation	H2021	U7 U1	Community Based wrap around services, per 15 minutes U1 = Facilitator	\$28.75 per unit 1 unit = 15 min
Wraparound Technician	H2021	U7 U2	Community Based wrap around service, per 15 minutes, Technical Component U2 = Technician	\$26.14 per unit 1 unit = 15 min
Consultative Clinical Therapeutic Services	H2019	U7 U3  U3 = Clinical psychologist or HSPP	Therapeutic behavioral services, per 15 minutes	\$22.50 per unit 1 unit = 15 min
Consultative Clinical Therapeutic Services	H2019	U7 U4  U4 = Mid level practitioner	Therapeutic behavioral services, per 15 minutes	\$17.50 per unit 1 unit = 15 min
Flex Funds	T2025	U7, U2  U2 = Misc non-reoccurring expenses	Waiver services, NOS	\$2000.00 per unit Limited to \$2000.00 per year per member
Non Medical Transportation	T2003	U7, U1  U1 = round trip	Non emergency transportation; encounter/trip	\$10.00 per unit 1 unit = round trip no daily limits on number of trips Limited to \$2000.00 per year per member

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Training & Support for Unpaid Caregiver	H2015	U7, U1  U1 = Individual training sessions	Comprehensive community support services, per 15 minutes	\$15.00 per unit 1 unit = 15 min allow max 8 units per day